



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Advanced Orthopaedics & Sports/Michael Younglood

**Respondent Name**

Federal Insurance Co

**MFDR Tracking Number**

M4-14-2635-01

**Carrier's Austin Representative**

Box Number 17

**MFDR Date Received**

April 25, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** No position statement submitted by requestor

**Amount in Dispute:** \$894.55

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** Written acknowledgment of medical fee dispute received however no position statement received.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 22 – June 24, 2013	97112, 97110, 97140	\$894.55	\$684.74

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out requirements for medical bill submission by health care providers.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - B20 – Srvc partially/fully furnished by another provider
  - 193 – Original payment decision maintained

**Issues**

1. Did the requestor submit the claim per requirements of Rule 133.20?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged, received on May 5, 2014. The insurance carrier did not submit a response for consideration in this review. Per the Division's former rule at 28 Texas Administrative Code §133.307(d)(1), effective May 25, 2008, 33 *Texas Register* 3954, "If the Division does not receive the response information within 14 calendar days of the dispute notification, then the Division may base its decision on the available information." Accordingly, this decision is based on the available information.
2. The carrier denied the disputed services as, B20 – "Srvc partially/fully furnished by another provider": Per 28 Texas Administrative Code §133.20(e) states in pertinent part, "A medical bill must be submitted: (1) for an amount that does not exceed the health care provider's usual and customary charge for the health care provided in accordance with Labor Code §§413.011 and 415.005; and (2) in the name of the licensed health care provider that provided the health care or that provided direct supervision of an unlicensed individual who provided the health care. Review of the medical documentation finds Plan of Care and Treatment were performed under the supervision of Michael Youngblood for dates of service May 22, 2013, May 23, 2013, June 3, 2013, and June 11, 2013. Therefore, these dates of service will be reviewed and calculated based on applicable rules and fee guidelines.
  - Procedure code 97112, service date May 22, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. The PE reduced rate is \$40.03. The total is \$94.46.
  - Procedure code 97110, service date May 22, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.
  - Procedure code 97112, service date May 23, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. The PE reduced rate is \$40.03. The total is \$94.46.
  - Procedure code 97110, service date May 23, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424

is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92 at 2 units is \$77.84.

- Procedure code 97110, service date June 3, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92.
- Procedure code 97140, service date June 3, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$36.69.
- Procedure code 97112, service date June 3, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. The PE reduced rate is \$40.03. The total is \$94.46.
- Procedure code 97140, service date June 11, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.002 is 0.44088. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.88398 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$48.88. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$36.69.
- Procedure code 97112, service date June 11, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.52 multiplied by the PE GPCI of 1.002 is 0.52104. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.98432

is multiplied by the Division conversion factor of \$55.30 for a MAR of \$54.43. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure has the highest PE for this date. The first unit is paid at \$54.43. The PE reduced rate is \$40.03. The total is \$94.46.

- Procedure code 97110, service date June 11, 2013, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.48 multiplied by the PE GPCI of 1.002 is 0.48096. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.923 is 0.00923. The sum of 0.94424 is multiplied by the Division conversion factor of \$55.30 for a MAR of \$52.22. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is subject to 50% reduction of the practice expense component. This procedure does not have the highest PE for this date. The PE reduced rate is \$38.92.

The date of service June 24, 2013 did not reflect the license number or NPI of the supervising provider as required by Division rules. The carrier's denial of this charge is supported.

3. The total allowable reimbursement for the services in dispute is \$684.74. This amount less the amount previously paid by the insurance carrier of \$0.00 leaves an amount due to the requestor of \$684.74. This amount is recommended.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$684.74.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$684.74 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

### **Authorized Signature**

_____ Signature	<u>Peggy Miller</u> Medical Fee Dispute Resolution Officer	<u>December 18, 2014</u> Date
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### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**